

## LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS FOOD DISTRIBUTION PROGRAM

7500 Odawa Circle Harbor Springs, MI 49740 Telephone: (231) 242-1626 Fax: (231) 242-1635

### Expedited Service Application

This Service is provided on a one time basis only and does not imply continued participation in the LTBB Food Distribution Program. You are required to provide the necessary documents to determine eligibility to continue participation in this program.

Date: \_\_\_\_\_

Tribal Affiliation

Enrollment No. \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Social Security # \_\_\_\_\_

Apt. No.: \_\_\_\_\_

Home Telephone \_\_\_\_\_

City/MI/ Zip: \_\_\_\_\_

Work Telephone \_\_\_\_\_

County: \_\_\_\_\_

Please complete if physical address is different from mailing address:

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### HOUSEHOLD COMPOSITION AND INCOME INFORMATION

List household members other than the applicant, who are living in your household. All persons 18 years and older who claim zero income **MUST** complete a "0" Income Form.

	NAME	DOB	SOCIAL SECURITY	INCOME SOURCE	PAY FREQUENCY
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10					

I am applying for expedited services for the following reason: \_\_\_\_\_

- I understand that I must meet income guidelines to be eligible to receive commodity food assistance.
- I understand that I cannot receive commodity foods and food stamps during the same month.
- I understand that I must provide any documentation that may be required for any subsequent issuances.
- I understand that if I do not provide this information, that I will be unable to receive any future issuance until I provide this documentation.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please provide Social Security numbers and copies of cards  
Please provide copies of all tribal card  
Please provide copies of household income (1 month)